

EMPLOYEE DEPLOYMENT TRAVEL REQUEST WORKSHEET (TRW)

This form should be returned eight (8) weeks before the scheduled departure date.

All tickets will be purchased a minimum of fourteen (14) days in advance.

Please complete and return to:

Raytheon Technical Services Company
Polar Services
Attn: Deployment Specialists Group
7400 South Tucson Way
Centennial, CO 80112-3938

Fax: 303-705-0742
Phone: 800-688-8606 ext 2
303-790-8606 ext 33202
Email: **deployment@usap.gov**

POC/Supervisor: _____

Today's date: _____

DSG Charge Code: **R-PS60-209A32G05** _ _

Other Charge Code: _____

Please print clearly

Name: _____

Name exactly as it appears on Passport

Title: _____

Airport of Departure (AOD) (Airport/City/State)

DO YOU HAVE A PASSPORT? Yes ☐ No ☐

Passport expiration date: _____

Home Phone: (____) _____

Business Phone: (____) _____

Cell Phone: (____) _____

E-mail Address: _____

Fed. Ex. Delivery Address (P.O. Boxes not accepted):

Is this a residential address? YES ☐ NO ☐

Purpose of Trip/Comments:

Organization(s) to Visit:

RPSC Person(s) to Contact:

Destination Contact/Phone: _____

Contact(s) Phone No: _____

REQUESTED TRANSPORTATION ARRANGEMENTS: (YOU MUST PROVIDE RETURN DATE EVEN IF APPROXIMATE.)

From City/State and/or Airport	To City/State or Country	*Date	ETD Earliest/latest	ETA Earliest/latest	Seating Requests	Special Meal Requests
			:	:		
			:	:		
			:	:		
AA Frequent Flyer #:			:	:		

Any necessary visa should be obtained before leaving the U.S. by contacting the embassies of the countries to be visited. Failure to do so may complicate or delay your travel. The U.S. Antarctic Program does not pay for or provide assistance in obtaining visas.

Vessel Departure Date: _____

Arrival Date at McMurdo Station: _____

Arrival Date at South Pole Station**: _____

**Arrival dates must be coordinated with the South Pole Assnt Area Manager

Arrival Date at Palmer Station: _____

*Allow a minimum of four (4) days prior to requested date of departure to Antarctica for travel time from AOD to Christchurch, NZ and three (3) days prior to requested date of departure to Antarctica for travel time from AOD to Punta Arenas, Chile, or vessel departure date. All travel arrangements are made in accordance with the Federal Acquisition Regulations (FAR) and in the best interest of the U.S. Government.

HOTEL REQUESTS: (Christchurch, NZ, and Punta Arenas, Chile hotel suggestions are listed on the Hotel List: RPSC form:DS-A-100d)

Check in date _____ Check out date _____

☐ Christchurch, NZ ☐ Punta Arenas, Chile ☐ Other (include phone #) _____

☐ 1st Choice of Hotel _____ Willing to Dorm? ☐ Yes ☐ No

☐ 2nd Choice of Hotel _____ Willing to Dorm? ☐ Yes ☐ No

☐ No Hotel Preference ☐ Smoking Room ☐ NON-SMOKING Room

☐ Roommate _____ (name) ☐ Single ☐ Twin Beds ☐ Double

☐ NO HOTEL REQUIRED Local contact phone number if no hotel required _____

Requested Car Reservations: Agency _____ Car Size: _____

Pick-Up and Drop-Off Location(s): _____ Time/Dates (pick-up/drop-off): _____

Supervisor's Signature/Date: _____ **Director's Signature/Date:** _____